

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

101699710

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	9		1			
4	9		1			
5	1		1			
6	/		1			
7	/		1			
8	/		1			
9	/		1			
10	/		1			
11	/		1			
12	/		1			
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50						
TOTAL IND.	7		11			
TOTAL DEP.	20		16			
TOTAL CLAIMS	27		27			

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						